Attorney's	Docket No.	3248
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COMBINED DECLARATION AND POWER OF ATTORNEY (ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:					
TYPE OF DECLARATION					
This declaration is of the following type: (check one applicable item below)					
⊠ original	□ design		□supplemental		
□ divisional	□ continua	tion	□ continuation-in-pa	art (CIP)	
INVENTORSHIP IDENTIFICATION					
My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
Title Of Invention: EMULSIFIED FUELS AND ENGINE OIL SYNERGY					
SPECIFICATION IDENTIFICATION					
the specification of which: (complete (a), or (b)					
(a) \boxtimes is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title.					
(b) □ was filed on	as	🗵 as Serial	l No.	or Express Mail	

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

and was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number.)

Teresan W. Gilbert, 31,360 Michael F. Esposito, 29,506 Samuel B. Laferty, 31,537 Jeffrey F. Munson, 45,705 David M. Shold, 31,664

(if applicable).

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION Patent Administrator - Mail Drop 022B 29400 Lakeland Boulevard Wickliffe, Ohio 44092-2298 DIRECT TELEPHONE CALLS TO: (Name and telephone number)
Teresan W. Gilbert
(440) 347-5072
E-mail: tgi@lubrizol.com

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inver	itor <u>Deborah A. Lange</u>	r			
Deborah	A.	Langer			
(GIVEN NAME)	A. (MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)			
Inventor's signature	21				
Date <u>8/22/03</u> Coun	try of Citizenship <u>United Sta</u>	ates of America			
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Post Office AddressChesterland, Ohio 44026					
Full name of second joint inventor, if any <u>Ewa A. Bardasz</u>					
ruii name oi second joint invei	ntor, if any <u>Ewa A. Bardas</u>	SZ			
	ntor, if any <u>Ewa A. Bardas</u> A. (MIDDLE INITIAL OF NAME)				
Ewa (GIVEN NAME) Inventor's signature	A. (MIDDLE INITIAL OR NAME)	Bardasz FAMILY (OR LAST NAME)			
Ewa (GIVEN NAME) Inventor's signature	A. (MIDDLE INITIAL OR NAME)	Bardasz FAMILY (OR LAST NAME)			
Ewa (GIVEN NAME)	A. (MIDDLE INITIAL OR NAME) try of Citizenship United State	Bardasz FAMILY (OR LAST NAME)			

☐ This declaration ends with this page

Full name of third joint invento	r, if any <u>William D. Abra</u>	aham
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Full name of fourth joint invented	or, if any	
(00/54/44/5)		
-(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date Country	/ of Citizenship	
Residence		
Post Office Address		
CHECK PROPER BOXES FOR ANY	OF THE FOLLOWING ADDED F OF THIS DECLARATION	PAGE(S) WHICH FORM A PART
☐ Added pages divisional, continuation, or continuation.	s to combined declaration ontinuation-in-part (CIP) app	and power of attorney for blication.
Numbe	er of pages added	•

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item